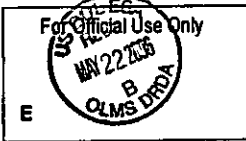


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25769</u>	2 Fiscal Year Covered From <u>1/1/2005</u> Through <u>12/31/2005</u>
3 Name and address of person filing Name <u>Jeffrey L Anderson Sr.</u> P O Box Bldg Room No If any _____ Street <u>3933 No. 95th St.</u> City <u>Omaha</u> State <u>NE</u> ZIP Code + 4 <u>68134</u>	4 Name file number and address of labor organization Name <u>Sheet Metal Workers Local #3</u> Labor Organization File Number <u>016-317</u> P O Box Building and Room Number if any _____ Street <u>3333 So. 24th St</u> City <u>Omaha</u> State <u>NE</u> ZIP Code + 4 <u>68108</u>
5 Position in labor organization <u>Business Manager</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ 7 b Amount _____
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Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Jeffrey L Anderson Sr.

On 5-4-06  
Date

(402) 572-7829  
Telephone Number

Name of Person Filing **Jeffrey L Anderson Sr**

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **International Training Institute**  
Trade Name if any   
P O Box Bldg Room No if any   
Street **601 NO. Fairfax St. Suite 240**  
City **Alexandria**  
State **VA** ZIP Code + 4 **22314**

9 Business deals with

- ☐ a Labor Organization  
☒ b Trust  
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **International Training Institute**  
Trade Name if any   
P O Box Bldg Room No if any   
Street **601 NO Fairfax St Suite 240**  
City **Alexandria**  
State **VA** ZIP Code + 4 **22314**

11 a Nature of such dealing

**Consulting  
per diem  
lodging  
Travel expenses**

11 b Approximate dollar value of such dealing

**\$1921.65**

12 a Nature of interest held or income received

**Consulting  
per diem  
lodging  
Travel expenses**

12 b Amount

**\$1921.65**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name   
Trade Name if any   
P O Box Bldg Room No if any   
Street   
City   
State   
ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment